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Α	Case	Ν	um	ber	

INTERNAL AFFAIRS REPORT FORM Person Making Report (Optional, But Helpful Preferred? Full Name ____ Phone Address (Apt #) Email _____ City, State, Zip _____ Date of Birth _____ Officer(s) Subject of Allegation (Provide Whatever Info is Known Officer(s) Name _____ Badge No. _____ Incident Location Date/Time In the space below, describe the type of incident (traffic stop, street encounter) and any information about the alleged conduct. If you cannot fit your response below, feel free to use extra pages and attach them to this document. If you do not know the officer's name or badge number, provide any other identifying information. Other Information How was this reported? ☐ In Person ☐ By Phone ☐ By Letter ☐ By Email ☐ Other Any physical evidence submitted? Yes No If yes, describe Yes No If yes, describe _____ Was incident previously reported? To Be Completed by Officers Receiving Report Officer Receiving Complaint Badge No. Date/Time

Supervisor Reviewing Complaint	Badge No.	Date/Time
escription of Incident Continuation Page -		